

**Performance
Measure #68b**

**Emergency Medical Services for Children (EMSC) Program
Implementation Manual for EMSC State Partnership
Performance Measures**

Performance Measure #68b

The incorporation of pediatric representation on the State/Territory EMS Board.

Significance of Measure

For the EMSC Program to be sustained in the long-term and reach permanence, it is important to incorporate pediatric representation on the State/Territory EMS Board. By incorporating pediatric representation on the State/Territory EMS Board, pediatric issues will more likely be addressed in EMS agendas, goals, practices, and policies.

Definition(s)

Incorporation

“Incorporation” of pediatric representation means the existence of a formal, designated voting position for a pediatric representative on the EMS Board, which is mandated in the State/Territory EMS Rules and Regulations.

Pediatric representation

To be defined by each State/Territory. Examples of pediatric representatives include, but are not limited to, practicing pediatricians, pediatric critical care physicians, board-certified pediatric emergency physicians, neonatologists, pediatric rehabilitation physicians, registered nurses with pediatric interests, emergency medical technicians with pediatric interests, pediatric surgeons, representatives from the state chapter of the American Academy of Pediatrics, child health policy representatives, and child advocates.

EMS Board

The EMS Board within the State/Territory that has the primary responsibility and authority of advising on EMS issues in the State/Territory, which ultimately affects the decision-making process.

Requirement

By 2007, pediatric representation will have been incorporated on the State/Territory EMS Board.

Calculation

Calculation of this measure involves completing the attached Data Collection Form. Indicate whether pediatric representation has been incorporated on the State/Territory EMS Board. If pediatric representation has *not* been incorporated, please indicate on the form the progress your State/Territory has made towards incorporating pediatric representation on the State/Territory EMS Board using the scale provided.

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Data Collection and Analysis

1. Gather supporting documentation to demonstrate either the incorporation of or progress towards the incorporation of pediatric representation on the State/Territory EMS Board.
2. *Supporting documentation* for the measure must include at least two of the following sources:
1) EMS Board meeting minutes, and/or 2) EMS Board meeting agendas, and/or 3) EMS Board meeting sign-in sheets, and/or 4) EMS Board reports, and/or 5) a copy of State/Territory EMS Rules and Regulations mandating pediatric representation on the State/Territory EMS Board.

Reporting

- Report whether pediatric representation has been incorporated on the State/Territory EMS Board on an annual basis to HRSA via the Electronic Handbook (EHB). You will receive more specific information on how to access and use the EHB in your notice of grant award. Please refer to these instructions.
- Supporting documentation should be submitted with your EMSC continuation application each year. Examples of supporting documentation are provided above.

Follow-up

- Once the data are submitted to HRSA, NEDARC will analyze the data and report aggregated national data to NRC and HRSA/MCHB.
- EMSC NRC and NEDARC will track your progress and may contact you to address any questions or concerns regarding your progress towards meeting the measure.

Implementation Considerations

N/A

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Data Collection Form for Performance Measure #68b

1. Has pediatric representation been incorporated²¹ on the State/Territory EMS Board?

☐ YES ☐ NO

Note: If “Yes,” attach supporting documentation for the measure to your EMSC continuation application.

2. If “No,” please indicate the progress your State/Territory has made towards incorporating pediatric representation on the State/Territory EMS Board using the scale below:

0 = No pediatric representation on the State/Territory EMS Board.

1 = Pediatric interests are represented by a non-voting audience member who is invited to participate.

2 = Pediatric interests are represented by a voting member on the State/Territory EMS Board who is not in a designated pediatric representative voting position.

3 = Existence of a formal, designated voting position for a pediatric representative on the State/Territory EMS Board, which is not mandated in the State/Territory EMS Rules and Regulations.

Score on Scale: _____

Note: Attach supporting documentation for the measure to your EMSC continuation application.

Comments:

²¹ The existence of a formal, designated voting position for a pediatric representative on the State/Territory EMS Board, which is mandated in the State/Territory EMS Rules and Regulations.